

Case Number:	CM14-0100972		
Date Assigned:	07/30/2014	Date of Injury:	05/19/2011
Decision Date:	09/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year-old male who reported an injury on 05/19/2011. The mechanism of injury was due to a fall. The injured worker had diagnoses of lumbago, lumbosacral spondylosis without myelopathy, and spinal stenosis of lumbar region. Past treatments included medications. Diagnostic studies included x-rays (unknown body part) on 08/30/2012 and an EMG/NCS test done which was positive for nerve root impingement. Surgical history included bilateral L4-5 transforaminal epidural and intraoperative fluoroscopy on 08/30/2012. The injured worker also underwent an interpretation supervision of intraoperative fluoroscopy epigram and bilateral transforaminal ESI on 01/17/2013. On 05/14/2014, the injured worker complained of low back pain, left thigh pain, and left toe numbness. The pain was an 8/10 that radiated to his left thigh and feet. He described the pain as sharp. Upon physical examination there was 5/5 bilateral lower extremities of the neurological/psychiatric. There was left S1 distribution of pain down posterior thigh. There was left L5 distribution of pain down lower extremity. There were 2+ patellar reflexes bilaterally. Medications included Diazepam 10 mg, Hydrocodone 500 mg, Naprosyn 500 mg, Provacyl, and Tramadol 150 mg. The plan of care is to request the left L4-5, L5-S1 TL ESI for treatment of radiographic foraminal stenosis causing clinical L5 and S1 radiculopathy and follow-up in 2 weeks with report from EMG/NCS. The request is for left L4-5, L5-S1 transforaminal Epidural Steroid Injection with sedation. The rationale for the request was for treatment of radiographic foraminal stenosis causing clinical L5 and S1 radiculopathy. The request for authorization form was not provided within documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left L4-5, L5-S1 Transforaminal Epidural Steroid Injection with Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The injured worker has a history of low back pain that radiated to his thigh and toe. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. No more than one interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. While there is indication of lumbar radiculopathy occurring at the L4-5 and L5-S1 levels based on physical exam findings and corroborated with the diagnostic work-up done, it is unclear as to the details provided as to what outcome was achieved with the 2 previous epidural steroid injections including specific percentage and duration of pain relief and whether significant pain medication reduction occurred which should be clarified prior to a repeat epidural steroid injection in accordance with the guidelines. The medical necessity for the sedation is unclear. As such, the request is not medically necessary.